DOCUMENT RESUME

ED 074 286 VT 019 766

AUTHOR	Allen, Moyra
TITLE	The Development of Clinical Nursing Situations on Videotape for Use via Closed-Circuit Television in the Teaching of Nursing. Final Report.
INSTITUTION	McGill Univ., Montreal (Quebec). School of Nursing.
SPONS AGENCY	Department of National Health and Welfare, Ottawa (Ontario).
PUB DATE	72
NOTE	59p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Educational Research; *Health Occupations Education; Health Services; Medical Services; *Nursing; *Teaching Methods; *Teaching Techniques; *Video Tape Recordings
IDENTIFIERS	*Canada

ABSTRACT

To assess the effectiveness of videotapes depicting clinical situations in the teaching of nursing, videotapes were made of the everyday, real-life situations that persons and their families experience throughout their illness in various parts of Canada's health delivery system. Three validation sessions, attended by representatives of nursing services and schools of nursing, were held to gain some concensus on the nursing content of the tapes. However, validity could be established only at a general level of content due to variations between participants regarding the nature of observations, needs of patients, and characteristics of effective nursing and successful delivery of services. In addition to the validation sessions, an experiment which focused on the nursing of aged persons was conducted to evaluate the effectiveness of the tapes in the teaching of nursing. Senior students in two hospital nursing schools in Montreal were used as subjects, and a nonequivalent control group design was used for the subjects in one school, while the Solomon Four-Group Design was used for the other school. Analysis of pre- and posttest results did not support the hypotheses, and changes were suggested for a future evaluative study. Future project plans include: (1) preparing three short films, (2) organizing films and tapes into a series, (3) developing a teaching program, (4) distributing the films, and (5) testing the films. (SB)

ED 074286

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

THE DEVELOPMENT OF CLINICAL NURSING SITUATIONS ON VIDEOTAPE FOR USE VIA CLOSED-CIRCUIT TELEVISION IN THE TEACHING OF NURSING

NATIONAL HEALTH GRANT PROJECT NO. 604-7-667

FINAL REPORT - SUMMER 1972

SCHOOL OF NURSING
McGILL UNIVERSITY

Moyra Allen - Principal Investigator

PARTICIPANTS IN PROJECT

Florence MacKenzie, R.N., M.Sc.(A.) - Research Associate
Assistant Professor of Nursing, McGill University

Madeleine Wilson, R.N. - Research Assistant
Montreal Children's Hospital

Marion Copp, R.N., B.N. - Nurse Technician, 1969-70
Supervisor, Royal Victoria-Montreal Maternity Hospital

Catherine Ternin, R.N., B.Sc.N. - Nurse Technician, 1970-71

Mary Hurley, R.N., B.A. - Nurse Technician, 1971-72

Elizabeth C. Logan, R.N., M.N. - Administration and Finances

Christopher Schon - Film Director, 1969-70

Edward Teolis - Videotape Technician, 1970-71

Ronald Blumer, M.A.)- Film Director
John Geeza, M.Sc.)- & Associate 1971-72

Ellen Samlal - Secretary Coordinator

Many thanks are owing to the patients and their families who participated so readily in the project; and to the nurses, doctors and administrative personnel who facilitated our work. In addition to the homes of patients and their families, filming was done at the Montreal General and the Montreal Children's Hospitals.

TABLE OF CONTENTS

	Page
Summary Statement	1
Final Report	4
Appendix A - Validation of the Content of Videotapes	23
Appendix B - Pre and Post Test and Scoring	49

SUMMARY STATEMENT

THE DEVELOPMENT OF CLINICAL NURSING SITUATIONS ON VIDEOTAPE
FOR USE VIA CLOSED-CIRCUIT TV IN THE TEACHING OF NURSING

NATIONAL HEALTH GRANT PROJECT NO. 604-7-667

We elected originally in this research project to develop videotapes depicting clinical situations in nursing and to assess their effectiveness in the teaching of nursing. To accomplish these ends we chose to film on videotape the everyday, real-life situations that persons and their families experience in various parts of our health delivery system. We focused on the recipient, - professionals and others were incidental and were filmed as they entered and participated within the situation we were filming. We have accumulated over one hundred films of persons and their families in hospital, clinic and home, at critical points and throughout their illnesses, of differing ages, - the infant to the aged, and, in addition, persons in contact with various professionals.

We have discovered within our videotapes a means to revolutionize the system of nursing education. Before in the teaching situation, nurses

have rarely had the opportunity to examine a nursing situation as it occurs and develops; to study the whole situation of a patient and his family through the various phases of his health problem within the short time period of a videotape; nor to re-experience and re-examine a situation over and over again, to pick up cues and observations which one becomes aware of through recurrent experiences with the same situation. One does not have the opportunity in real life to view a situation a second time, to validate one's impressions or to reject them. In fact, our videotapes provide the same opportunity as the replays in hockey, a greatly enhanced and expanded opportunity for learning; but in the case of nursing, of highly complex situations. Students must learn how to learn from real-life situations on videotape. It has been our experience that in viewing videotapes, nurses tend to place value on actions based on the standards of a "textbook picture" of either the nurse or the patient and, therefore, fail to see or to respond to the situation as it exists.

Many persons across the country have seen some of the tapes and are eagerly awaiting their distribution. We are limited in this respect as the grant has been completed, however we are seeking some commercial means to undertake distribution on a widespread basis.

FUTURE PLANS

Our plans for the immediate future include:

1. To complete the preparation of three short films which can be viewed readily on a 16 mm movie projector. The films depict content representative of our videotapes.
2. To organize the films and tapes into a series entitled: Learning to Nurse, - each film or tape having a second title to identify it by particular content.

3. To develop a program for the teaching of nursing to accompany each film or tape.

4. To find the means, commercial or otherwise, to bring these learning resources to the attention of nurses and other professionals and to distribute them as widely as possible.

5. To prepare a proposal to test out the use of videotapes in the teaching of nursing, taking into account the modifications suggested on Page 21 of the report and to carry out this experiment in a French-speaking center, i.e. the Université de Montréal. The French-speaking CEGEP teachers in Quebec, as well as the Faculty of the Université de Montréal are eagerly awaiting these learning resources in their language filmed in the hospitals and health centers with which they deal.

FINAL REPORT - SUMMER 1972

NATIONAL HEALTH GRANT PROJECT NO. 604-7-667

1. Name of Sponsoring Agency - McGill University, School of Nursing.

2. Principal Investigator - Moyra Allen, Ph.D., Professor of Nursing.

3. Where was research carried on - McGill University and hospitals and agencies affiliated with McGill.

4. Short Title of Research - The Development of Clinical Nursing Situations on Videotape for Use Via Closed-Circuit TV in the Teaching of Nursing.

5. The objectives of this research were as follows:
   1. To develop videotapes which depict clinical situations in nursing.
   2. To determine the effectiveness of clinical situations of this nature in the teaching of nursing.

Schools of nursing encounter difficulties in obtaining the amount and type of clinical experience which they require to prepare nurses. If we are able to provide effective clinical experiences on videotape, we shall have greater command over the number of nurses who can be educated. Furthermore, the known content of taped situations permits the educator greater control over what is learned and ultimately over the quality of nursing education.

6. Plan of the Research Project

1969-70 Pilot Project - for the purpose of testing out the method outlined in the study.

A Progress Report on the Pilot Project was forwarded in October 1970 and the Final Report in the spring of that year.

1970-71 This year was devoted to the filming of clinical nursing situations in the Montreal General Hospital, the Montreal Children's Hospital, and the Victorian Order of Nurses. Despite the novelty of the whole procedure and a videotape technician, newly graduated from CEGEP, a number of fine tapes were obtained, - the feeding and care of children in hospitals, the nursing of elderly patients throughout the phases of their illness and convalescence, a variety of nursing procedures including the admission of patients, both children and adults, to hospital. Greater detail on the year's activities are included in the Progress Report for 1970-71.

1971-72 The project was fortunate in having the services of two highly-skilled videotape technicians, qualified and experienced film-makers. An effort was made to gather a representative group of films on a few topics, in particular:

Aged persons in and out of hospital and over time

Children and adults with diabetes, in hospital, clinic and home

Miscellaneous -
Children who were terminally ill and their families
Admission to discharge of child for short-term stay in hospital (T & A)
Various vignettes of patients in clinic and hospital

Emphasis has shifted from filming the nursing of patients to filming the patients themselves, their families and whatever professional personnel enter into the situation during the filming process. This modification has enabled us to utilize the films for the original purposes: observation and assessment of the patient situation by the individual student or group of students (outlined in greater detail in the first proposal, 1969-70). It was discovered in the first year of the research proper in

films focusing on the nurse, that an audience evaluated the nurse in a type of a priori fashion without much consideration of the patient. Such an approach tends to parallel the textbook presentation of nursing and therefore is already available to us. By focusing on the patient, we were able to direct the audience's observation to the patient situation, - to observe, analyze and discuss the nature and requirements of it. The patient over time in many settings and under many conditions with varying professionals is not available in any medium - not even from the patient himself. One is not with him for such long periods nor can experiences with patients be restudied, reassessed and, in a sense, rediscovered.

More than one hundred films have been made on tape, a number have been edited, and some organized around particular themes.

VALIDATION

Three validation sessions were held, two in the spring of 1971 and the third in the spring of 1972. The purpose of these meetings was to gain some consensus on the content of the tapes by experts in various aspects of nursing.

1971

Session 1 - Montreal

Representatives from nursing services, the CEGEPs and the university schools in Montreal.

Session 2 - Ottawa

A representative from each university school of nursing in Canada.

1972

Session 3 - Montreal

Two or three representatives from the Universities of Montreal, Western Ontario, Toronto, McMaster and McGill.

Validators were asked to view a film and to answer specific questions which were subsequently analyzed for nursing content. The two-day program for the third validation session may be found in the Appendix.

The major finding from the validation sessions was that experts from across the country view nursing differently. The nature of observations, the needs of patients, the characteristics of effective nursing and of the successful delivery of health services varied a good deal from one person to another. Validity could only be established at a general level of content. In fact, the videotapes presented to many validators, views of patients and their families, of nursing and other professional services, and of health services in general, that they had not observed or studied before. Therefore, it is premature to consider validation of the content of these tapes at this time. Rather, we must assist nurses (and others) to study the tapes to add to their pool of experiential data, - material which, heretofore, has been lacking. If the potential of these tapes can be exploited, nurses can be made aware of a new realm of reality in the situations with which they deal. Undoubtedly, a similar phenomenon exists when we consider the evaluation of health care, for our findings suggest that professionals within one field vary in their observations and assessments and in the criteria they utilize for evaluating care and services. Validators made numerous suggestions of how the videotapes could be used in teaching. See Appendix, p. 48.

FUTURE PLANS

Our plans for the immediate future include:

1. To complete the preparation of three short films which can be viewed readily on a 16 mm movie projector. The films depict content representative of our videotapes.

2. To organize the films and tapes into a series entitled: Learning to Nurse, - each film or tape having a second title to identify it by particular content.

3. To develop a program for the teaching of nursing to accompany each film or tape.

4. To find the means, commercial or otherwise, to bring these learning resources to the attention of nurses and other professionals and to distribute them as widely as possible.

5. To prepare a proposal to test out the use of videotapes in the teaching of nursing, taking into account the modifications suggested on Page 21 of the report and to carry out this experiment in a French-speaking center, i.e. the Université de Montréal. The French-speaking CEGEP teachers in Quebec, as well as the Faculty of the Université de Montréal are eagerly awaiting these learning resources in their language filmed in the hospitals and health centers with which they deal.

EXPERIMENT - SPRING 1972

To Evaluate the Effectiveness of Videotapes in the Teaching of Nursing

For purposes of the videotape project, an experiment was designed to evaluate the effectiveness of videotapes in the teaching of nursing. Senior students in two hospital schools of nursing in Montreal were used as the test groups and the experiment focused on the nursing of aged persons.

Introduction

Students have experiences in nursing aged persons throughout their educational program, such as the relevant aspects of a number of courses; nursing elderly patients; individual and group discussions with instructors, nursing staff, students, and other health professionals; plus a variety of extracurricular experiences. The nursing of aged persons is, in particular,

an emphasis of some senior experiences in medical-surgical nursing, when the student is expected to respond to the varying forces and influences of a patient situation by making a nursing judgment and plan of care. At the same time students may be given the opportunity as team leader with a group of staff to provide care for a larger number of patients, many of whom are older persons.

The experiment in teaching was directed toward answering the following question:

> To what extent does the introduction of videotapes portraying the response of elderly persons to illness, hospitalization and treatment and the response of nurses in caring for these patients, augment the student's potential to nurse aged persons?

Theory — A point of view based on the analysis of a number of videotapes along with study of the rapidly increasing bibliography on the subject.

A Continuum - Process of Aging

Dealing actively with life situations	Losing some functional ability - cognitive interpersonal physiological	Withdrawing from life - dying

Throughout life individuals develop notions of their personal freedom and independence in activities of living. In old age, persons continue to maintain these notions while coping with the phases of the aging process. Elderly persons who become ill are placed in a position of dependency and their reaction to this state varies in view of their past experience and stage of aging. Thus a person still dealing actively with life may exhibit a high degree of dependency in so doing; while another person may demonstrate much autonomy of self in approaching death. In other words, aging is reflected in the varying stages of disengagement of the individual from life, and to some extent, independently of this disengagement, individuals perceive their ability to control what happens to them, the decisions they make, and the choices or alternatives that are available to them.

In addition to the perceptions and status of the individual person, the nurse has a method for making decisions about a person's needs, areas of autonomy, the types and number of choices, etc.

> Her approach to this problem may be established a priori for the varying phases of aging and disengagement or, on the other hand, she may respond to the individual and assist him to make his perceptions and ideas of living operative for him within the hospital or other community setting. Thus we have differential responses of nursing to aging persons and to their lifestyle.

Design

Experimental designs were developed to fit in with the actual teaching programs in process in the latter half of the third year of the two hospital schools; in other words, an experimental design in natural laboratory settings. The following plan outlines the experimental designs followed for Schools A and B, in which O stands for pre or post test and X for experimental variable.

School A

	Pretest	Experimental Variable	Post test
Group 1			O_2
Group 2	O_1		O_2
Group 3	O_1	X_1, X_2	O_2

The post test for Group 1 assesses the student's potential to nurse aged persons toward the end of the last instructional experience in the school of nursing and, therefore, provides information on the effectiveness of the usual teaching methods. The pre and post tests in Group 2 identify the difference in potential at the beginning of the instructional experience and at the end of the usual instruction which students receive. The pre and post tests in Group 3 identify the effectiveness of the videotape

in augmenting the potential of students to nurse aged persons. It was hypothesized that:

1. The difference between pre and post test scores in Group 3 is greater than the difference in Group 2.
2. The post test scores in Group 3 are higher than those in Groups 1 and 2.

Validity and Reliability:

The three groups were tested in subsequent months. The groups were relatively separate during the three months because of the experiences planned, however, there was a possibility for Group 2 to gain knowledge from Group 1, and Group 3 from both Groups 1 and 2; hence the rationale for introducing the experimental variable in Group 3, the last group chronologically. This decision to introduce the experimental variable in Group 3 protects the experimental variable in that the problem of contamination from the experimental to the control groups is eliminated. However, the decision theoretically favors the hypotheses, in that any information which is passed on from Groups 1 and 2 to Group 3 may lead to a greater initial potential for nursing aged patients in Group 3. Pre test scores for Groups 2 and 3 should help to assess this problem: Are pretest scores for Group 3 higher than those in Group 2?

It is unfortunate that there were not four natural groups so that an experimental group without pretesting might have been assessed. It is expected that the pretest exercise alerts respondents so that post test scores will be somewhat higher given no instruction at all, however the extent of the problem can be assessed from the scores of Groups 1 and 2. The decision to pretest the experimental group was made to provide information

on the problem described in the previous paragraph as well as to assess the equivalence of the experimental group with at least one other group.

School B

	Pretest	Experimental Variable	Post test
Group 1	O_1		O_2
Group 2			O_2
Group 3	O_1	X_1 X_2	O_2
Group 4		X_1 X_2	O_2

In addition to the control and experimental groups in School A, School B in Group 4 provides information on the effectiveness of the experimental variable (the post test) minus the interaction of effects due to pretesting. As will be noted later, this is a critical condition for this particular experiment. It was hypothesized that:

1. The difference between pre and post test scores in Group 3 is greater than the difference in Group 1.
2. The post test score in Groups 3 and 4 are higher than those in Groups 1 and 2.

The situation in School B allowed for four natural groups so that an experimental group without pretesting could be assessed.

The Experimental Variable

Selections from videotapes filmed during 1971 of nurses caring for elderly people (real-life situations) were made on the basis of variation in sex, age, type of illness, degree and type of disengagement, and degree

of independence or autonomy on the part of the patient, and variation in the nurses' responses to these patients. Disengagement and independence in the patient and type of response in the nurse had been validated to some extent by a small number of judges who were able to view and study the films over time.

At a convenient time during the second-third weeks of the instructional program for Group 3 of School A and in February for Groups 3 and 4 of School B, two sessions were held a few days apart in which the videotapes were shown to the groups of students. Post film discussions were held with the whole group focusing on their observations of the aged person and the nurse's response. Instructions to the group were as follows:

> The videotape you will see shows the response of a number of aged persons to (Session 1) and one person through the stages of (Session 2) illness, hospitalization and treatment as well as the nursing of these persons. After the film there will be an opportunity to discuss your observations with others in the class and to consider their meaning to you in nursing aged persons.

The discussion session was led by the project director. She introduced the discussion asking for their observations and continued throughout by clarifying and summarizing the group's response periodically. At no time did the discussion leader introduce content on aging or nursing the aged nor did she introduce her observations of the tape. Each discussion lasted from 20-45 minutes.

The Test Procedure

It was expected that the videotapes depicting the nursing of aged persons in hospital would sensitize the viewers to variation in needs and responses of older people and to the approaches which nurses use and the

problems they experience in caring for the aged. Given this expectation we then assumed that the viewers of the videotapes, i.e. the experimental group, should have greater potential for nursing elderly persons. Nursing potential is described as a combination of variation and specificity, terms which are defined in the following section. To determine whether the expectation was justified data were collected from students by asking them to respond in a test situation. The construction of the test and the analysis of the responses were based on the theoretical approach to aging described earlier, i.e. disengagement and the patient's and nurse's responses.

Test Questions (Pre and Post Tests)

A copy of the test given to students in both pretest and post test situations may be found in the Appendix.

Scoring:

A content analysis of the respondent's answers was planned to determine the number, variation and specificity of ideas relating to the elderly patient and to the nurse.

Content Analysis:

Variables

Quantity - Number of ideas relating to elderly patient and to nurse, per response.

Specificity - Description of particular, discrete or specific needs as contrasted with general or global statements: a characteristic of each idea.

Specificity per idea - 2 points for specific and 1 point for general.

Specificity per response - total points for specificity.

Variation - Differences in types of needs and aspects of needs and differences in kinds of response to illness, indicating awareness of a variety of psychological, physiological and sociological factors: a phenomenon characterizing all the ideas in a response.

In a sense, the total per response is a composite score including quantity, variation, and specificity obtained for aged persons and for nurses across the questions. Theoretically the Potential for Nursing Aged Persons may be determined in the following manner:

Quantitative Index (No. of ideas) X Qualitative Index (Variation X Specificity)

Nursing Potential = N(VS)

Analysis of Findings

The mean test scores for each group in Schools A and B follow:

Mean[1] - Assumes the four test scores to be of interval variables.

Mean[2] - Assumes the scores of Questions 2 and 4 to be of interval variables.

School A

	Pretest	Experimental Variable		Post test
Group 1				O_2 (Jan. 27) (N = 28) M^1 = 12.9 M^2 = 9.0
Group 2	O_1 (Feb. 4) (N = 33) M^1 = 11.9 M^2 = 8.4			O_2 (Feb. 25) (N = 24) M^1 = 10.2 M^2 = 7.4
Group 3	O_1 (Mar. 2) (N = 33) M^1 = 11.93 M^2 = 8.1	X_1 (Mar. 13)	X_2 (Mar. 20)	O_2 (Mar. 24) (N = 12) M^1 = 11.8 M^2 = 8.6

School B

	Pretest	Experimental Variable		Post test
Group 1	O_1 (Jan. 25) (N = 12) M^1 = 11.3 M^2 = 7.6			O_2 (Feb. 7) (N = 12) M^1 = 11.5 M^2 = 7.2
Group 2				O_2 (Feb. 7) (N = 6) M^1 = 11.3 M^2 = 7.7
Group 3	O_1 (Feb. 7) (N = 9) M^1 = 11.9 M^2 = 7.7	X_1 (Feb. 11)	X_2 (Feb. 15)	O_2 (Feb. 18) (N = 7) M^1 = 11.6 M^2 = 6.9
Group 4		X_1 (Feb. 11)	X_2 (Feb. 15)	O_2 (Feb. 18) (N = 9) M^1 = 12.3 M^2 = 8.4

We note that the first hypothesis has not been upheld, post test scores are higher than pre test scores in only two instances: a difference of 0.5 points for Mean^2, Group 3 of School A and 0.2 points for Mean^1, Group 1 of School B (differences insignificant). In fact, post test scores are lower than pre test scores, both in control and experimental groups. The second hypothesis has not been upheld, post test scores are not higher for the experimental groups than for the control groups, with the exception of Group 4 of School B (difference insignificant).

How can one account for the failure to uphold the hypotheses? Many factors came to light during the process of the experiment; one notes immediately the mortality between the pre and post test groups, particularly in School A where the numbers are larger. The mortality in Group 3 of School A was almost 66.6%.

Problems with Experiment

1. Choice of groups

The senior classes in two hospital schools of nursing were selected as the test groups. According to the schedule of each school, the class was divided into groupings for the purposes of learning to nurse in different clinical experiences and to participate in the accompanying instruction. These natural groupings could readily be divided into control and experimental groups for purposes of the experiment. The situation seemed ideal. These two groups were among a number of last classes to graduate from hospital schools in Quebec and, as the CEGEP system of nursing education was new, it did not seem reasonable to inflict experimentation upon them at such an early date.

It became clear as the experiment proceeded that these students had learned to nurse and, at thepoint of graduation, did not feel the need to learn more about nursing. The method of handling the experimental variable, i.e. the introduction of videotapes, would have to have been approached quite differently if the experiment were to have had a reasonable opportunity of being successful.

2. Videotapes of reality situations

Students had learned ways of responding to older people and they found it difficult to focus on a situation of an older person and expect that they would find anything different. Comments, such as the following were made by the respondents:

"We know about older people, we know how to nurse them."

"We are sick of older people, we've had too many to care for."

"We know about meeting the needs of the older person and treating the person as an individual."

Having used these same videotapes with the validators and also with students in the baccalaureate and master's program in the university, it has become increasingly clear that students (as well as teachers) have to learn how to learn from these real life situations. They are being asked to observe and assess on the basis of the data or information provided from the situation and not to bring to the situation an a priori or preplanned statement of what the patient needs and what should be done for him.

As the nursing profession wishes at this time to move from prescriptive nursing to observation and the gathering of information as the basis for assessment, the value of the reality situation on videotapes has increased tremendously. This conclusion has beenreached as the researchers have watched faculty from all the university schools in the country view the tapes. They have acclaimed their usefulness and have since sought to obtain some for their own school.

3. Effects of Pretesting

With the exception of Group 1 in School B, pretesting was associated with lower post test scores. The same test was used in both pre and post test situations. Students felt that they would answer the second time as the first, so frequently in the post test students referred the reader to their first answer or made only a brief response.

A post test containing different questions from the pretest had been considered earlier, but rejected on the basis of problems of validity and reliability. The other possibility of a multiple choice type test was not feasible given the time span of the experiment. To attempt to validate items and standardize a test when no criterial base exists for selecting the best answer would have been sheer expediency and at best have demonstrated the truth of the self-fulfilling hypothesis.

The high mortality rate, particularly in the experimental group in School A, coupled with the slight differences in pre and post test scores lead us to regard the results of the experiment as inconclusive and certainly provides no firm evidence for either the acceptance or rejection of the hypotheses. However, a number of interesting bits of information may be gleaned from the results.

> It is fortunate that one experimental group was carried without pre testing (Group 4, School B). It may be noted that this group has the highest post test score of all of the groups in School B, leading us to wonder whether the experimental variable (videotapes) had been instrumental in augmenting student learning student learning. It is unfortunate that in the whole experiment only one of the three experimental groups was not pre tested.

The factor of time seems to have had a different result in School A as compared with School B. In School A the scores seemed to decline from one group to the next, that is, from the end of January to the end of March, whereas in School B the scores tend to increase from one group to the next. In School B, one might infer a maturation or learning factor to account for the increase, however contamination of the successive groups is an acceptable alternative to explain this situation. In fact, the latter alternative may help to explain this phenomenon in School A, in that contamination of successive groups may have resulted in loss of interest and rejection of the experiment.

Conclusions and Recommendations

1. Owing to the enthusiasm of teachers of nursing, administrators of nursing services, in-service educators, and graduate students for these videotapes, a plan must be made to make them readily available in Canada.

2. Owing to the inconclusive results of the experiment, it is suggested that a second experimental situation be devised to evaluate the effectiveness of videotapes in the teaching of nursing. To enhance the probability of this experiment being successful and the hypothesis being upheld, the following changes would be required.

   a) Introduce the experimental variable (videotape) near the beginning of a nursing program before students have learned a <u>way of learning</u> about nursing and before they have actually learned to nurse. It became clear in reflecting on the original plan and on how people learn, that there is more opportunity to influence learning when students are changing and learning a great deal (the beginning of a nursing program) as compared with the end when the rate of learning has decelerated and students feel they know how to nurse.

b) Maintain the experimental variable in contact with the group over a sufficient period of time for it to be effective. We learned that videotapes, which present reality, demand a new approach to the teaching of nursing, resulting in the learning of different content, i.e. way of nursing. For this reason, it would be necessary to introduce the experimental variable, videotapes, for a whole course, i.e. a semester course.

c) If (a) and (b) were acted upon, then students would learn a good deal in the course and would feel themselves that their response to the post test would differ considerably from that of the pre test. In the experiment just completed, students expressed frustration in responding to post test as they felt their response would be the same as to the pre test.

APPENDIX A

VALIDATION OF THE CONTENT OF VIDEOTAPES

PARTICIPANTS AT VIDEOTAPE VALIDATION SESSIONS

McGill University
February 5, 1971

Virginia Cipriano	Vanier CEGEP
Mary Matthew	
Adele Simon	Montreal General Hospital
Helen Chitayat	Montreal General Hospital
Shirley Cronin	Royal Victoria Hospital
Patricia Sadleir	
Louise Levesque	Université de Montréal
Madeline Wilson	Montreal Children's Hospital
Lorna Ferguson	Jewish General Hospital
Margaret Lewis	
Roni Flandres	McGill University
Joan Williams	McGill University

University of Ottawa
February 15, 1971

Sheila Creegan	University of Western Ontario
Marilyn Riley	Dalhousie University
Shirley Stinson	University of Alberta
Ruth McClure	University of Alberta

(cont'd)

PARTICIPANTS AT VIDEOTAPE VALIDATION SESSIONS

University of Ottawa (cont'd)
February 15, 1971

Shirley R. Good	University of Calgary
Jean Wilson	University of Toronto
Marie-Paule Gregoire	Université de Montréal
Helen Elfert	University of British Columbia
Kathleen Rowat	McGill University
Jessie Hibbert	University of British Columbia
Margaret Ross	Mount St. Vincent University
Carol Batra	University of Windsor
Elizabeth Summers	Memorial University of Newfoundland
Jean Innes	University of Saskatchewan
Margaret MacLachlan	University of New Brunswick
Shirley Alcoe	University of New Brunswick
Hélène Wilson	University of Ottawa
Ruth C. MacKay	Queen's University
Dorothy Syposz	Lakehead University
Mona McLeod	University of Manitoba
Sister Simone Roach	St. Francis Xavier University
Sister Jacqueline Bouchard	Université de Moncton
Cathryn Glanville	McMaster University

McGill University
March 6 and 7, 1972

Anna-Jean Rouse	University of Toronto
M. Jean Wilson	University of Toronto
Dorothy McClure	McMaster University
Shirley Smale	McMaster University
Hattie Shea	University of Western Ontario
Marie-Paule Gregoire	Université de Montréal

(cont'd)

PARTICIPANTS AT VIDEOTAPE VALIDATION SESSIONS

McGill University (cont'd)

March 6 and 7, 1972

Evelyn Adams	Université de Montréal
Marie-France Thibaudeau	Université de Montréal
Louise Levesque	Université de Montréal
Kathleen Rowat	McGill University
Margaret Hooton	McGill University
Carol Ho	McGill University
Mary Barrett	Vanier College

THE PROGRAM FOR THE THIRD VALIDATION SESSION

VALIDATION OF VIDEOTAPES

Monday, March 6, 1972

(approximately 3 hours of viewing)

9:30 - 12:30

10:00 - 10:30 No. 96, Mrs. MacDonald

10:30 - 10:45 Written Response

In looking at this tape, what notions do you get about what is important to Mrs. MacDonald?

What meaning would these ideas have for you, if you were nursing her?

10:45 - 11:05 Discussion

What other questions could be asked of this film?
How might the film be used?

11:05 - 11:35 No. 233, Losito Family

a) an example of <u>teaching parents</u> about insulin and preparing the dose.

b) an example of a family <u>learning about</u> having a child with diabetes.

c) an example of a child <u>learning</u> about being a diabetic.

11:35 - 11:50 Written response

a) What approach to teaching the mother, the father, and the mother and father together, is the nurse using? motivation and readiness; cognitive, skill and attitude learning; assessment throughout the process and final; identification of and coping with learning problems.

b) What it the nurse teaching them about a family with a child with diabetes?

c) What may the child be learning about being a child with diabetes?

11:50 - 12:20 No. 240, Losito Family (continued)

12:20 - 12:30 a) Does this film provide further information to add to previous questions?

b) If you were nursing this boy, what information does this film provide and how would it influence your nursing?

c) In the teaching of nursing, in what ways might these two films be used?

Monday, March 6

LUNCH 12:30 - 2:15

1. Please talk about your responses to the questions posed by the films shown in the morning.

2. Please discuss the purposes of these films in teaching nursing.

3. Please discuss any problems you experienced:

   a) in the technical aspects of the films.
   b) in viewing videotapes.

2:15 - 5:15

2:15 - 2:45	No. 111, Lorna (edited)
2:45 - 3:05	a) Describe how the student is nursing Lorna. b) How could this film be used in teaching nursing? c) This film is an edited version of a number of films, does it present problems?
3:05 - 3:15	No. 255, last part (Jackie Alleyne)
3:15 - 3:25	Discussion - Comments Use in teaching
3:25 - 3:35	Rowlatt - Tape 1 No. 258, Mrs. Byers - F.B.S. - lady No. 260, Mrs. Morrell - lady taking off bandages
3:35 - 3:50	Discussion
3:50 - 4:50	No. 262 and 263.
4:50 - 5:15	Discussion

EVENING

The films today portrayed patients with diabetes in contact with health services - urban and highly specialized. What overall comment do you have re their content for use in teaching nursing?

Tuesday, March 7, 1972

9 - 12 noon

4 edited tapes with questions

Tape 1 - Mr. Bernard

1. You have seen several episodes about one patient, Mr. B., who is being treated in hospital for Congestive Heart Failure.

   a) From the following list of words choose ten that most clearly express your impression of Mr. B. Rank from 1-10 in order of importance.

___ strong	___ depressed	___ slow
___ confused	___ demanding	___ changeable
___ dull	___ outgoing	___ anxious
___ good-humored	___ alert	___ sure
___ deaf	___ interested	___ unwanted
___ child-like	___ attractive	___ controlling
___ understanding	___ secretive	___ sad
___ isolated	___ agreeable	___ communicative
___ vigorous	___ helpful	___ stubborn
___ incoherent	___ forgetful	___ well
___ contented	___ appreciative	___ failing
___ untidy	___ reasonable	___ cranky
___ perceptive	___ self-centered	___ friendly
___ competent	___ reminiscing	___ meticulous
___ flexible	___ worthless	___ difficult

   b) Choose ten words which would fit Mr. B.'s concept of himself and rank.

2. a) Having viewed more of episodes with Mr. B., again choose the ten words from the list which most clearly express your impression of him. Add any words which would be more descriptive.

b) Indicate the extent to which you think each of the following describes a major problem of Mr. B.

	Strongly Agree	Agree	Dis-agree	Strongly Disagree
1. Lack of knowledge about his disease.				
2. Has not accepted the physical limitations of his disease condition.				
3. His concept of health and illness differs from that of the doctor.				
4. Has lost the desire to live.				
5. Lacks the intelligence to cope with his illness.				
6. Has misconceptions about his treatment.				
7. Does not respect the doctors' opinions.				
8. Needs to relate to one doctor rather than a group.				

3. Which of the following items of information do you think should be given to a new nurse who is to care for Mr. B.? Check yes or no.

	Yes	No
1. He is lonely.		
2. Lives alone in one room.		
3. Refuses to go to a boarding house.		
4. Has been unsuccessful in stopping smoking.		
5. Does not understand effects of drug therapy.		
6. Argumentative.		
7. Enjoys talking.		
8. Has a sense of humour.		
9. Dislikes taste of potassium chloride.		
10. Unresponsive.		
11. Finds it difficult to accept diet limitations.		
12. Refuses to keep legs elevated despite edema.		
13. Has weakness in right arm - has to support it with his left hand.		
14. Likes to direct his own care.		

4. How would you describe Mr. B.'s response to:
   a) his illness;
   b) his contacts with health agencies and hospital personnel?

Tapes 2 and 3 - Mr. M. and Mrs. M.

Mr. M. and Mrs. M. are two elderly patients both of whom are forced to be dependent on others.

1. Compare
   How does each cope with this dependency?
   In what way do they maintain independence?

2. What impressions do you get about their lifestyles - for example, role in family, food, self concept, etc.?

3. a) What needs do the patients express?
   b) How do the nurses respond to these needs?
   c) How does the family respond?
   d) Are the responses similar or not?

Tape 4 - Charlene

This videotape shows a little girl through the different stages of her hospitalization for a tonsillectomy. (In most of these stages her mother is with her.)

1. How does the mother meet or not meet Charlene's changing needs throughout the following stages:
   a) Admission to the hospital.
   b) Meeting other children.
   c) Post-operative recovery.
   d) Preparing for discharge.

2. How does the nurse relate to Charlene and her mother in each of these stages?
   a) Admission to hospital.
   b) Meeting other children.
   c) Post-operative recovery.
   d) Preparing for discharge.

3. How does the nurse approach Charlene when her mother is not present? How does Charlene respond to the nurse?

4. How did Charlene view her hospitalization?

5. What question(s) would you like to have been asked about this videotape? What comments would you make about these questions?

2:00 - 4:00

2:00 - 2:15 No. 237, Michaud (second part first) - Mother with terminally ill child in hospital.

2:15 - 2:30 Part 1

What responses of the mother can you detect

1) to hospital, doctors and nursing staff?

2) to her child?

3) to her family - self, husband and child?

2:30 - 2:45 No. 237 (first part)

2:45 - 3:05 Part 2

What responses of the mother and father can you detect

1) to hospital, doctors and nursing staff?

2) to their child?

3) to their family - selves, husband or wife, child?

What particular notions do the nurses hold which underly their assessment of the needs of the mother and father, and therefore of their approaches to them?

What do you see as the basis of the balance which exists between mother, father and child and the nursing staff?

How would you see this film used in teaching nursing?

3:05 - 3:10 No. 234, Dennis

3:10 - 3:20 Comments

3:20 - 3:35 No. 17 and 18 - Warren

Discussion: Admission of a child to hospital
Nursing content, use in teaching

3:35 - 4:00 Written -

Comments on use of films on aged persons
on other films of children.

SOME RESPONSES FROM VALIDATORS

One may note agreements, but for the most part, a great divergence of belief and opinion may be seen.

Tape #96 - Mrs. MacDonald

Written Response

In looking at this tape, what notions do you get about what is important to Mrs. MacDonald?

What meaning would these ideas have for you, if you were nursing her?

Discussion

What other questions could be asked of this film?

How might the film be used?

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
Important to Mrs. MacDonald					
Control over situation	4	5	-	1	10
Environment	4	3	-	-	7
Stimuli	1	5	1	-	7
Interaction	-	3	1	-	4
Satisfaction in participating in care	3	8	1	-	12
Self-image, pride	8	2	-	-	10
Privacy	10	-	-	-	10
Personal hygiene, care of hair, skin, etc.	8	4	-	-	12
Comfort	6	5	1	-	12

Tape #96 - Mrs. MacDonald (cont'd)

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
In Nursing Her					
Reality - reassurance re time, place, event orientation	3	4	5	-	12
Provide for her likes and dislikes	6	6	-	-	12
Check and follow through on maintenance functions where necessary, food, exercise, etc., and safety	4	8	-	-	12
Allow for and consider losses of memory, deafness	7	4	-	1	12
De-emphasize clearing up confusion and try to understand the affect, feeling and relationship expressed in what she says	6	3	1	1	11
Responds to praise and compliments	3	5	2	-	10
TOTAL	72	65	12	3	

Some Contraries

About Mrs. MacDonald and What is Important to Her

1. Her memory is gone - she forgets her age
   vs
   She doesn't answer about her age - because the nurses ask too often or because she is being coy.

2. She only deals with the present
   vs
   She lives only in the past.

3. She is not capable of dealing with the past or the future
   vs
   What seems most important to her is the future.

4. She is not oriented to time or place
   vs
   She only understands what is going on at the moment.

5. She lives for the past
   vs
   She does not seem to remember old times too well.

6. Going home is really important to her
   vs
   When she asked when she was going home, it didn't really matter to her.

About Nursing Mrs. MacDonald

1. It does not matter what you talk about as long as you keep talking
   vs
   Not everything should be explained just for the sake of explaining.

2. Discuss mainly current topics
   vs
   Let her reminisce, talk about the past.

3. Don't pry
   vs
   Ask her questions about herself.

4. Try to have her discuss her family and relations
   vs
   Avoid talk of her marriage or children.

5. Orient her to the present
   vs
   Let her live in the past.

6. Let her become more dependent on one nurse
   vs
   Encourage her to be more independent.

7. Do not ask questions unrelated to her needs
   vs
   Ask her about what is going on around her.

8. Let her choose from several alternatives and do things herself.
   vs
   Always do the same things in the same way for her.

9. Vary things
   vs
   Maintain her routine.

10. Provide longer nursing sessions
    vs
    Have frequent short nursing sessions.

11. Keep the same nurse as much as possible
    vs
    Have different nurses come in to keep her stimulated.

Tape #233 - Losito Family

a) an example of teaching parents about insulin and preparing the dose.

b) an example of a family learning about having a child with diabetes.

c) an example of a child learning about being a diabetic.

Written Response

a) What approach to teaching the mother, the father, and the mother and father together, is the nurse using? motivation and readiness; cognitive, skill and attitude learning; assessment throughout the process and final; identification of and coping with learning problems.

b) What is the nurse teaching them about a family with a child with diabetes?

c) What may the child be learning about being a child with diabetes?

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
It was sound to have mother, father and child present for the demonstrations.	5	2	2	2	11
Parents were at ease in asking questions.	3	5	1	2	11
Nurse questions to verify if parents understand.	2	6	3	-	11
She corrects what is incorrect.	2	8	1	-	11
Taught skill of how to remove air from syringe.	3	5	2	-	10
Does not teach them anything about the problem of having a diabetic child.	4	6	1	1	12
Child may be learning to have interest in testing his urine.	-	2	6	3	11
Child may be learning to have confidence in the nurse.	1	1	5	4	11
Child may be learning to have confidence in his parents to care for him.	2	4	2	3	11
He may be learning that he is sick, different.	4	6	1	1	12
He may be learning to hate the testing, the insulin.	3	6	1	-	10
Mother is more at ease than father.	3	2	5	2	12

Tape #233 - Losito Family (cont'd)

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
Father resents being taught a little.	2	4	3	1	10
Nurse asks questions but often answers herself.	3	6	1	1	11
Father is tense, particularly when he can't answer a question.	3	6	1	1	11
Boy is referred to as "he" or "him" throughout, although he is present.	6	6	-	-	12
Boy is treated as the object of all the manipulations.	6	5	1	-	12
The learning is technical and separated from the person and the relationship involved.	8	4	-	-	12
Nurse attempted to bring child into the demonstration but accepted his rejection.	4	5	1	2	12
Boy may be learning that diabetes is a complicated and complex disease.	4	6	-	2	12
Nurse is testing recall and the ability of parents to follow instructions.	2	6	2	1	11
Nurse used language the child could not understand.	7	5	-	-	12
Parents may be learning that laboratory tests and equipment are more important than how the child feels and is responding.	7	3	3	-	13*
Child may be learning that his disease is more important than he is.	5	5	1	-	11
At one point nurse identified father's lack of understanding and had mother demonstrate.	2	3	2	1	8
Child appears to be ready to learn because of his almost unwavering attention upon what is going on.	-	1	2	6	9
The child may be feeling rejected because there is so little reference to him by name.	4	6	-	1	11
The child was very interested and observant.	1	6	3	3	13*

*One respondent marked agree and disagree on several questions.

Tape #233 - Losito Family (cont'd)

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
Too much information was provided in one sitting.	9	3	-	-	12
In teaching both parents together, responsibility for child's care becomes a shared one - an expectation is set.	5	7	-	-	12
Nurse listens and responds to them at level of questions asked.	1	4	6	-	11
Learning climate comfortable, parents appear comfortable.	1	4	5	2	12
Father appeared more prepared to learn at this time than mother, asked more questions and asked for clarification.	1	2	5	2	10
TOTAL	114	148	65	41	370

a) What approach to teaching the mother, the father, and the mother and father together, is the nurse using? motivation and readiness; cognitive, skill and attitude learning; assessment throughout the process and final; identification of and coping with learning problems.

Some Responses

It is a good idea to include child in teaching session with mother and father.

It is not a good idea, no one pays any attention to child, mother and father just once each. The nurse talks to mother and father.

Readiness - a certain order is respected in presentation of topics:
clinitest and acetest before diabetic coma and the administration of insulin;
manual skills - urine tests first - easiest
cleanliness before aseptic technique
drop counting before CCS

Didactic teaching.

Child is picking up that he has no part in the teaching session.

Parents are learning that this is their responsibility.

Father is tense in teaching situation.

Asking parents for a repeat demonstration.

a) cont'd

Questioning parents as to what facts they have, e.g. colour of pills, when to do tests.

Acknowledging the correctness of their actions.

Offers explanations when parents indicate uncertainty, e.g. as to how to determine colour on chart.

Offered opportunity to mother to give repeat demonstration.

Allows husband to give explanation to wife and vice versa.

Attempted to bring child into demonstration but then accepted his rejection of this.

Is teaching manual skills, i.e. handling of equipment.

Is teaching cognitive aspects - knowledge re symptoms of hypo-, hyperglycemia, of the disease, re insulin.

Parents asked some questions in response to the subject brought up by nurse, e.g. "Are there many shots in a bottle?", "I'm getting confused","the doctor says" - Father asking more questions and seeking clarification.

Is giving demonstration herself re preparation of injection.

Parents' questions, their intense gaze as nurse demonstrated and they returned, their questions would seem to indicate a readiness and motivation to learn.

Teaching as listed above centered on procedures, meanings of results as well as factual data re the disease process, prescription. Assessment of learning related to recall of information previously given to parents and as to the "why's" of some of the nurse's instructions. Learning problems, i.e. handling of equipment dealt with by either nurse repeating the demonstration in part and/or allowing parents to instruct each other.

Much information presented in the demonstration. Too much in one sitting.

Demonstration technique and return demonstration, handling of equipment, discussion about each aspect at the time the equipment is being used.

Nurse talks a good deal, wonder if parents had opportunity to ask more if it would be more meaningful to them?

Listens to parents and responds to them with level of questions asked.

Checks out with them their cognition, verifies with them their understanding of the rationale in most areas.

a) cont'd

Learning climate comfortable, parents appear comfortable.

There was much focus on all aspects of skills, cognitive, management of urine, insulin, injection, no discussion re their feelings, attitudinal, or child's perception of it all.

There is considerable focus on feedback and clarification re cognition and skills, but little or none on attitudes.

Father appeared more prepared to learn, at this time, than mother; asked for questions; clarified or had clarified more points.

b) What is the nurse teaching them about a family with a child with diabetes?

What to do in an "emergency", i.e. a phone number.

Complications, e.g. coma, problems with injection sites.

Nurse's teaching concerns procedures of testing urine and giving insulin.

The nurse appears to be teaching them re the above aspects of diabetes, i.e. the disease, the procedures to be followed, complications of the disease process.

I would question what they are learning about a "child" with diabetes but rather if the learning is not disease-oriented and procedure-oriented.

Nurse is teaching that -

1. Diabetes is a very complicated illness with many restrictions associated with it.
2. There are inherent dangers.
3. It is good to show "blue" or "green" in urine testing.
4. It is good to test urine regularly and to record results.
5. It is too difficult for a child to understand.

In teaching both parents, responsibility for child's care becomes a shared one; an expectation is set.

By implication nurse sets expectation that both parents have a responsible role.

Nature of child's involvement, and responsibility (as the primary person with the disability, with which he will have to cope throughout his life) is underplayed. Parents are not assisted to see the child as a responsible person, capable of learning about and assuming some aspects of his care. Also the meaning this whole thing has to the family and especially the child is apparently not considered.

c) What may the child be learning about being a child with diabetes?

Gaze was very intent when testing of urine and injection prepared and less when discussion going on re kinds of insulin, meaning of colour.

Is this child learning that diabetes means "complicated procedures and pain", i.e. urine testing and injections?

Boy looks bored.

They all refer to the boy as "he".

It is a long, sterile type of teaching situation.

Child is learning - nurses talk to parents.
too complicated for boy.
disease more important than child.
(tries to talk with mother but she is listening to teaching)
very important, may be frightening.
requires complete attention of my parents and they must be accurate.

Child wasn't included in teaching session, appears somewhat frightened, intent, observant.

Could child be given opportunity also to handle equipment, ask questions?

Appeared ready to participate more actively.

Child appears confused and frightened.

However, there does not appear to be climate of anxiety, therefore child may read that "it will work out okay".

Poor example re child learning about diabetes as nothing, his cognition, skill or attitudes are considered. At this time no way of knowing where he is at.

Tape #240 - Losito Family

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
The disease seems to be running the family.	4	2	6	-	12
Child is unhappy, responses of child to visitors are immature and negative.	4	1	6	1	12
Child is beginning to weigh his food, but is only peripherally involved in self-care.	5	7	1	-	13*
Child recognizes that other children know about his diabetes but he has had no help to deal with it or to help other children deal with it.	5	2	4	-	11
His diet at home at this point is rather rigid.	2	5	3	-	10
Film demonstrates "uptight" parents and overcompliance with regime.	3	1	7	-	11
Parents see child as too young to deal with his disability.	4	6	2	-	12
Parents feel Brian will have a normal life.	1	8	2	-	11
Parents are more relaxed in their own home.	1	9	2	-	12
They do not feel guilty, it was not their fault.	1	8	2	-	11
Child does not want attention, or special attention from teachers or classmates.	2	9	1	-	12
Having a boy with diabetes has changed the family's activities considerably.	4	5	3	-	12
The parents' concern with exactness is an expression of their anxiety.	5	2	3	-	10
Mother demonstrated considerable ingenuity in planning meals.	5	6	1	-	12
The strength of the film was the mother's planning re meals and menus.	1	4	4	3	12
The second film confirms that the child was learning and ready to learn.	-	4	4	5	13*
TOTAL	47	81	51	9	186

Some Responses

a) Does this film provide further information to add to previous questions?

1) Parents more relaxed in own home.
Readiness of parents to involve child emerging - should be capitalized on.
By parents' account child is also ready to become more involved in self care.
Cues from parents e.g. school adjustment.
The attitudinal area is handled at very superficial level, real feelings are not expressed and opportunity to do so does not seem to be a part of the plan.
The mother and father appear "a little flat", depressed.
Again focus on testing urine (skill level) is reviewed and given emphasis but attitudes and adjustment poorly dealt with by parents.
The fact that the "disease" is running the whole family, especially meal patterns is not dealt with.
Father comfortable enough and capable of identifying methods of teaching which would have been most helpful to them
- Simple condensed pieces of information
- Use of pictures

Yes: because attitudes are not covered again, this film illustrates the fact.
Whole area of diabetes controlling whole family especially dietary aspects.
One sees child as less interested and on the whole not involved in his care. Why? He appears negative and immature which raises the question why.
Parents' perception of child's capability, and their low expectation of him come through, as well the nurse too does not pick up on nor pursue child's involvement.

Re: further information to add to previous questions
Predominantly:
1) Uptight parents
2) Father's comments re teaching methods used
3) The non-involvement of Brian.
4) Overcompliance re dietary regime and the focus on this relative to the lack of insight in dealing with attitudes.

2) Appears that parents and child have not been helped to see need to work with school to benefit child's adjustment there.
Does not emerge that attitudes of mother, father and Brian have been exposed and worked on.
Parents see child as "too young" to deal with his disability.
Mother states child not concerned about diabetes. (One wonders if she is capable of opening this up with him and of dealing with it once she does. Same goes with father.)
Mother would like to have assistance of experienced parents. Besides clinic, other helps could have been suggested.
Father appears ready to see himself and wife in some kind of group discussion.

a) cont'd

3) Child at this time "hiding" or not open re discussing his condition. He recognizes other children know this but has had no help to deal with it or to help other children deal with it.
Beginning to weigh own food, but generally only peripherally involved in self care.
Child is unhappy - responses to visitor are immature and negative.
Parents are not reading his feelings and nurse is not helping them or him to do so.

b) If you were nursing this boy, what information does this film provide and how would it influence your nursing?

Teaching continued within home with (father) (mother) (Brian) based on

1) Ascertain what in previous learning retained as evaluated by performance of parents and Brian.

2) Further assessment of family's coping and adjustment in the familiar surrounding of home.

3) Parental perceptions of child and his capability.

4) Child's level of performance and interests in his disability - his behavior - more regression.

5) Cues that were picked up by nurse and those that were not - verbal expressions - discrepancy between affect and content of the verbal expressions - facial expressions, posture of all.

c) In the teaching of nursing, in what ways might these two films be used?

Teaching learning process (Interactional analysis &
(Levels of learning - cognitive
- skill
- attitudinal

Family as a unit.
Family coping skills.
Impact of new diagnosis on a family and how this influences learning.
Phases of grieving.
Adaptation of the individual and family.
Demonstration technique as a method of teaching.
Involvement of the target patient in all aspects of his care and follow-up.
Developmental level and learning capacity.
Perceptions of parents about capabilities of their child.
Community resources for families with chronic (illness) disability.
Communication between professional (language used, etc.) and family.
Nursing judgment re capabilities of parents.

c) cont'd

As indicated in the above points, this film provides a picture of how the parents are coping with having a child with diabetes, how they feel about it; what are their concerns; how they felt about prior teaching.

They (the parents) are also able to provide a picture of the child's response and way of coping with his illness.

These would provide a more useful indicant as to how the nurse should/could intervene than the first film. The second film allows the viewer to assess the outcomes of the previous teaching (in film #233 one).

Tape #111 - Lorna

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
Nurse allows expression of feelings re impact of illness.	2	8	1	-	11
Nurse tends to pass over many cues thrown out by Lorna.	2	7	3	-	12
Patient tends to deny some of the real adjustments she will be experiencing.	3	4	5	-	12
Patient is a little superficial and the student plays the game with her.	3	6	3	1	13*
Interview focuses on problems, however, it is realistic in terms of requirements for care and treatment.	-	8	3	-	11
Seems to have a set pattern of topics for discussion, i.e. a planned approach.	3	7	2	-	12
Nurse knows a fair amount about her patient.	-	8	2	-	10
Sometimes the student and patient are speaking at the same time.	3	7	1	-	11
Nurse checks up on problems patient may be experiencing.	2	9	1	-	12
She listens to patient.	1	3	4	2	10
Nurse's focus is on disease management.	3	5	4	-	12

Tape #111 - Lorna (cont'd)

	Strongly Agree	Agree	Dis-agree	Strongly Disagree	Total
Student identifies with young patient and it affects her care.	3	6	2	-	11
Does the patient's intellectual understanding and curiosity about her disease assume that she has adjusted to the disease?	2	2	3	1	8
The student is nursing Lorna by showing interest, understanding and empathy.	-	7	3	1	11
This film could be used to demonstrate the importance of adapting patient teaching according to the individual patient.	2	6	2	1	11
Nurse sometimes does not give Lorna time to finish her sentences.	6	2	2	-	10
Tape could be used as an illustration of a person's perception of her illness and of her adjustment to it.	2	5	4	1	12
The nurse is approaching the teaching situation as one in which she and the patient together are seeking solutions to problems.	-	5	5	2	12
When asked for information, the nurse is factual but she doesn't supply unnecessary information.	-	8	-	1	9
Film could be used to illustrate the principles of teaching, i.e. starting from where patient is and responding in terms of what was asked.	1	6	6	-	13*
The student is directing care around patient's needs rather than the nurse's needs.	1	4	4	3	12
Nurse tends to validate previous teaching and reinforces weak areas.	-	5	3	1	9
The student is quick to identify teaching opportunities.	-	6	4	1	11
Student interrupts Lorna frequently but this does not seem to bother patient.	1	8	3	-	12
A useful means for the student to view and to evaluate her own performance.	5	7	-	-	12
TOTAL	45	149	70	15	279

Tape #111 - Lorna

Some Responses

a) Describe how the student is nursing Lorna.

Allows Lorna to express her feelings.
Students is trying to respond to the cues of the patient.
Student is trying to encourage patient to focus on her attitudes and feelings.
Student is directing care around patient's needs rather than nurse's needs.
Student is quick to identify teaching opportunities.
Lorna has the opportunity to ask questions.
Nurse shows interest, understanding and empathy.

Student listens but is not tuned in to patient, does not hear.
Gives Lorna the reasons for doing things, nurse explains the "why" of the procedures.
Nurse asks questions of Lorna, then tries to put positive answers in her mouth.
Student identifies with patient - helps her to assist Lorna to adjust to changes imposed by disease or she doesn't help her look at or understand her reactions, patient anxieties are ignored, anxiety is expressed as laughter.
Seems to have a set pattern of topics for discussion, a planned approach.

b) How could this film be used in teaching nursing?

This film is an edited version of a number of films, does it present problems?

Focus - Focal point of nursing Lorna - checking on the management of illness by patient, in essence medical supervision - care of eyes, diet, urine.

Facts - Asks questions to elicit what patient knows about disease.
Knows a good deal about her patient, explores attitudes of husband and mother.
Lorna not dealt with as a whole, but in parts, eyes, feet, etc.
Student interrupts Lorna frequently.
Students leads the discussion.
Looks at and listens to patient.
Andpractises urine testing.

Student is nursing Lorna from a rather subjective viewpoint - seemingly at times to meet her own needs or the expectation of the teacher.

Teaching - Importance of adapting patient teaching according to the individual patient.
To illustrate the principles of teaching - i.e. start where the patient is.
Nurse sees her role as teacher as focusing on the disease process and its management and to assess what patient knows and to provide gaps in information.

USE OF FILMS IN THE TEACHING OF NURSING AS SUGGESTED BY VALIDATORS

1. Issues in the provision of health care.
2. Delivery of health services - problems of health services
   economics of health care.
3. Type of community agencies required.
4. Role of nurse.
5. Interdisciplinary conferences.
6. Communication - interviewing.
7. Assessment.
8. Problems of teaching patients and families.
9. Teaching families with diabetic child.
10. Living with diabetes.
11. Learning to be a clinic patient.
12. Contact with reality - real data.

It may be readily seen that other professionals in the health field could use these films.

APPENDIX B

PRE AND POST TEST

1. How would you describe an elderly patient? An adult patient? Here are a list of 45 words: Which do you associate most readily with the aged, with the adult, or with neither? Select 15 words which provide the best description of the elderly patient and 15 words which best describe the adult patient.

In the space provided before each word, write in -

2 - if the word is associated with the aged patient;

1 - if the word is associated with the adult patient;

0 - if the word is associated with neither.

On completion you should have 15 twos, 15 ones and 15 zeros.

___ strong	___ depressed	___ slow
___ confused	___ demanding	___ constipated
___ dull	___ outgoing	___ anxious
___ good-humored	___ alert	___ sure
___ deaf	___ interested	___ unwanted
___ child-like	___ attractive	___ controlling
___ understanding	___ secretive	___ sad
___ isolated	___ agreeable	___ communicative
___ vigorous	___ helpful	___ incontinent
___ incoherent	___ forgetful	___ well
___ contented	___ appreciative	___ failing
___ untidy	___ worthless	___ difficult
___ perceptive	___ reasonable	___ cranky
___ competent	___ self-centered	___ friendly
___ flexible	___ reminiscing	___ meticulous

2. Imagine that you are making rounds as a team leader and you hear the following conversation between a nurse and her patient. Would you have responded in the same fashion? If not, suggest an alternate response which you believe to be more appropriate to the aged patient.

Mrs. Hayko Age 70 Mild Congestive Failure

Mrs. Hayko: I'm too tired to have a bath today - that woman kept me awake last night.

Nurse: I hear she had a bad night. Maybe you'll feel better if you have a nice warm bath.

Alternate Response:

Mr. Goulet Age 80 in bed with sides up

Mr. Goulet: Isn't someone going to give me my breakfast?

Nurse: Breakfast! It's almost dinnertime, Mr. Goulet.

Alternate Response:

Mrs. Luke Age 75 up for short periods

Mrs. Luke: It feels good to be up in the wheelchair. I'll just sit here while you make the bed.

Nurse: Yes, you look fine. There is a card game going on in the solarium, I'll take you down so you can see what is going on.

Alternate Response:

This situation provides you with an opportunity to show your understanding of aged persons and of the human relationships which develop among and with older people. With the picture on the page as a starter, you are asked to create your own ideas or story using the following question as a guide:

What is happening? Who is the person (or the people)?

What has led up to this situation? That is, what has happened in the past?

What is being thought? What is wanted?

What will happen? What will be done?

Question 4

Suppose you are a new nurse on a medical unit and you were checking through the Kardex or plan of nursing and noted the following comments for three patients assigned to you. What is your reaction to each of these comments?

Mrs. Fitzpatrick - Age 76

Comment — Lonely, visit often.
Use firm approach regarding diet restrictions.

Your Reaction

Mr. Beauregard - Age 80

Comment — Well preserved.
Enjoys talking about his grandchildren.
Help with meals.

Your Reaction

Mr. Maloney - Age 88

Comment — Very confused.
Prevent skin breakdown, keep skin dry - offer bedpan at regular intervals.

Your Reaction

Question 5

Please complete the following statements:

Nurses treat elderly patients _____.

When in hospital the aged patient needs _____.

When nursing older persons the nurse should _____.

_____ is very important to older people.

Bathing older patients is _____.

Feeding older patients is _____.

Question 6

Imagine that you are a team leader and that you are trying to help a nurse care for or learn to care for an elderly patient. What sort of problem(s) would you predict the nurse might be experiencing in the actual situation which would lead you to help her. Indicate how she seems to be assessing the patient's need and the way in which she is attempting to cope with the situation.

SCORING

QUESTION 2 - SCORING

Nurse's Response to Disengagement

VARIATION OR RIGIDITY AND SET

Mrs. Hayko

Scores	
2	- rest and back later (no specific mention of bath) - talk about it and her feelings re being tired
1.75	- rest and bath later in day (if you feel like it)
1.5	- modified bath and rest and/or bath definitely later
1	- agree with given response
0	- no response

Mr. Goulet

Scores	
2	- no correction of time; food coming (either a snack or meal immediately) - questions if not eaten and snack - assistance will be provided with meal
1.5	- corrects time but checks if hungry and arranges for snack or early serving
1	- questions him only (no food provided) - corrects time and states meal is coming - states time of day and/or meal is coming (implying a mistake on his part)

Mrs. Luke

Scores	
2	- enjoy, sit, accept, permit
1.5	- allows but offers alternative now or later after a rest
1	- questions (implying a suggestion) the possibility of activity now, e.g. Would you like to come . . . Maybe you would . . . - be active, socialize

Score between 0 and 6

QUESTION 3 - SCORING

Ranked I, II, III, IV

Rank I
- A specific problem cited with a supporting framework, i.e. explanatory.
- A sequence of events identified.
- Resolution or non-resolution of tension by specific action of the nurses.
- Further assessment indicated.

Rank II
- Problem expressed rather generally; limited account of the problem, i.e. limited context or framework.
- Relations of sequence obscure.
- Stereotyped notion of what is best for the elderly.
- Mainly a prescriptive approach by nurse - may be some assessment indicated.

Rank III
- Problem stated very generally - no context or background given.
- Prescribed action by nurses - no assessment.
- "Dissertation on the plight of the elderly".

Rank IV
- No response.

Score - Rank I, II, III or IV

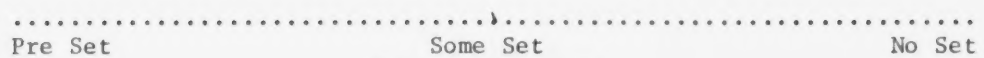
Reliability of ranking checked by two persons.

Example - Rank I

This situation is taking place in an old age home. The people involved are two nurses and an old woman. The woman appears to be about 75 years of age, quite well nourished and wheelchair ridden. It's springtime and the woman has been reminiscing of the many springtimes gone by when she was an active and important member of the community. As spring is usually a time of awakening and rebirth she is poignantly reminded that her life is nearly over. She feels utterly useless and worthless as she thinks of her family who no longer seem to need her. Ultimately she begins to cry and two nurses who happen to be walking by stop to comfort her. She willingly describes what is upsetting her and the two nurses try to console her. The woman finds that the physical contact helps the most. As the nurses comfort her and tell her how fond they are of her and that she is an extremely good knitter, does beautiful work, etc., she begins to feel better.

QUESTION 4 - SCORING

A Continuum



Scores

3 - No Set, explore further, question.

2 - Pre Set, and some checking.

1 - Pre Set Notion of:
- What patient is like (Maybe, probably, perhaps)
- What problem will be
- What to do as stated / as stated

0 - Affective, emotional response only, "reaction" statement.

Score - 3, 2, 1 or 0

QUESTION 5 - SCORING

VARIATION OR RIGIDITY AND SET

Stereotype: = 0

- as re what the elderly person needs.
- as re the procedures of bathing and feeding.
  (i.e. comments could apply to any patient)

Non-Stereotype: = 1

- students have own attitude toward the procedure
- how the patient might feel

Score 0 or 1